

ADMINISTRATION, KANSAS DEPARTMENT OF

Moderator: Rebecca Ross
September 27, 2012
4:00 p.m. ET

Operator: Good afternoon. My name is (Berindas), and I will be your conference operator today.

At this time, I would like to welcome everyone to the KanCare Meeting. All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Rebecca Ross? Ma'am, you may begin.

Rebecca Ross: Thank you.

Thank you all for calling in. I would like to apologize for any of you who were turned off the first call. It was our mistake, not InterCall's. We had the wrong conference code on the Web site. And I would like to let you know that we will have both a transcript of that call and we will have an encore call recording available for a month. And we'll post that information on our Web site so that you can get all the information and see all the questions and answers.

This call is geared towards consumers, so the presentation will be slightly different. And we don't have the MCOs on the call with us. Their presentations were also posted on the Web site so you can retrieve those from

there. So, without further ado, I'm going to turn it over to Kari Bruffett to begin our presentation.

Kari Bruffett: Thank you.

And thanks for everyone – thanks, everyone, for joining us this afternoon. This is the – sort of the conclusion of our third round of educational sessions surrounding KanCare. We started out having meetings in late July and early August throughout the state, in-person meetings both for providers and members. The KDADS – the department for aging and disability services – also conducted a round of stakeholder meetings in August. And then, now, we concluded this week. We had the 14th (inaudible) in 12 different cities, the first three days of this week meeting with the providers in the day and members in the evening.

And we are very glad that you are able to join us. If you joined this at an earlier session and have follow-up questions, we are glad to see you back. If this is the first session you are able to attend, we did schedule this during daytime hours so that those who aren't able to attend in the evening could be able to participate. So thank you very much.

And we're going to do a presentation that's very similar to what we did just this week in our last round with very few differences, primarily just to account for the fact that we're not here face-to-face with you. So I'll walk through the agenda real quickly.

If you were able to download it from our Web site, you may have the slides in front of you. We'll be following those. But we'll also try to make sure that we present it in such a way that you don't need the slides if you don't have them with you.

We will – we have folks here both from the Department for Health and Environment, the Division of Healthcare Finance to the Medicaid program and the Kansas Department of Aging and Disability Services. So, during the question-and-answer period, we'll have a bunch of folks who are able to address your questions.

First, I'm going to do a quick KanCare overview. Some of you may have been or seen some of these presentations before, but we're also assuming that not everyone has. So it's a real basic overview of what KanCare is. I'll turn it over to (Russell Nittler), who will also talk through some more specific concepts of how KanCare will affect the different groups of consumers.

And then, if you have the agenda in front of you, it says we'll take a break. But we won't take a break on this phone call. I will read over a set of frequently-asked questions – not the entire set, but if you downloaded those from our Web site or, if you have not, you can do so – but we'll take out some of those that we get the most common questions and we'll, hopefully, either answer some of the questions that you've come to the call with or maybe spark some other follow-up questions, and then we'll open it up to Q&A for the rest of the time.

So, without further ado, as Becky said, we'll get right into it. So what is KanCare? Beginning January 1st 2013, KanCare will move nearly all Medicaid consumers and services into this new program called KanCare. The program will include nearly all Medicaid beneficiaries, including those currently enrolled in the HealthWave program as well as those in the Fee-for-Service or traditional Medicaid programs.

The HealthWave Program – and that name itself will end on December 31st – and all the HealthWave beneficiaries will become part of KanCare. That also means that if you or your family are HealthWave recipients and you receive services from their current MCOs – for example, Coventry or (inaudible) Family Health Partners or Unicare – that those contracts will expire on December 31st, and you will now be part of KanCare starting January 1st.

The state selected three companies to work with to run the KanCare program. These companies are Amerigroup of Kansas, the Sunflower State Health Plan, and United Healthcare of the Midwest. These companies have run similar programs in other states.

Now, no one state's Medicaid program is just like another. The Kansas program is drawn to meet the needs of the people of Kansas, so even KanCare

is developed very specifically for the folks in Kansas. But one of the things that was very important to us when we were selecting the private sector partners to work with in KanCare is that we would have partners that had experience working with long-term care services and support in the community as well as physical and behavioral health in a managed care setting. And so all three of these companies have that.

So what is covered by KanCare? So, essentially, you can get all the services that you get now in KanCare. And these include – and this is the delivery model for KanCare. It means you'll get doctor's appointments and the hospital visits will be covered by KanCare. Treatment from mental illness and substance use disorders, also covered in KanCare. Prescription drugs, so those medications that are covered by the Medicaid program now will be covered by KanCare.

The nursing facility care and in-home health and any other kind of institutional care, with very few exceptions, are covered by KanCare. Your non-emergency medical transportation will be included in KanCare and, really, all other services that you are receiving now.

Now, you probably have heard that there are some exceptions. And this is particularly true for waiver services for individuals on the waiver for individuals with intellectual or developmental disabilities. So those waiver services, the (IDD) waiver and targeted case management for those folks will not be part of KanCare until January of 2014. But it's an important point to make that, while those waiver and targeted case management services won't be in KanCare, the individuals with intellectual or developmental disabilities, the rest of their services will be included in KanCare. So their physical health, their behavioral health will be covered by these KanCare plans.

One of the things we heard in the build up to KanCare from consumers and stakeholders and providers was that it was important that we would include base protections for members and providers in our contracts with these managed care organizations. So a very important protection for you is that you can choose your KanCare health plan.

(Russell) will walk through a little bit later the process for how to do that. There will be an initial assignment period that you will have the selection and the ultimate choice over which plan you want to be part of.

You can also choose your doctor. If you don't already have a primary care physician, for example, the plan will help you identify one. But you can change your doctor. You don't need to stay with that physician. If a doctor or another service you need is available only in a different town, the health plan must provide transportation for you as well.

If you have a problem or a complaint, a member advocate will help you file a complaint with your health plan. Each health plan will have a group of members to advise them as well. Now, it will be called a "member advisory council." You'll be asked how you like your health plan.

One of the majors in the future that we'll – that we'll be sharing with the public and with members is customer satisfaction. Basically, you as the consumer, how satisfied are you with the health plan that you ultimately select? And, in the future years, each plan's report card or a real basic report card will be given to you to help you choose your plan in future years.

I mentioned that the member advocate will help you file a complaint with your health plan. You still will also maintain the ability to file an appeal to the state after you exhaust out with the plans.

There are some great news about KanCare. And that includes the fact that there is no co-pays in KanCare. So, for some services that (personal) Medicaid recipients are receiving now, there is, perhaps, small or, in some cases, not a small co-pays, and those are no longer included, so there is no co-pay in KanCare.

You have possibly heard about this as well that all three managed care organizations are offering preventive dental care for adults as part of KanCare. This is on top of those dental services that are already covered, including coverage for children, which is already covered.

Care managers or care coordinators for people with serious health conditions or complex needs, those are going to be available and, in fact, a requirement to be available under KanCare. They'll also have extra value-added services that are offered by each KanCare health plan.

So we talked about the dental, the preventive dental benefit, but each plan also has unique value-added benefits that they're offering that maybe they're offering that the other two are not. In some cases, that may mean extra vision services. So, instead of one pair of glasses every four years, as is the standard benefit, access to additional frames, reading contact lenses in some cases. Rewards for healthy behavior, all three plans have a different kind of approach to rewards programs for healthy behaviors and wellness activities.

Also, a good new about KanCare is that the state is requiring all these managed care organizations to reach out to all of the current Medicaid providers and some providers or many providers are currently seeing Medicaid patients or consumers and trying to reach out to them to not only keep the network we have in place, but to expand that. Also, all the same services that are included in the Medicaid program will continue in KanCare.

And then we'll also, by the end of the first year – so the end of 2013 – we'll also have something called Health Homes that are available for members with mental illness or diabetes or both. And, by the end of the second year of KanCare, those Health Homes, which is basically care coordination times two or times many, will be available for any member with complex health needs.

And Health Homes include – if you're familiar with the idea of a patient-centered medical home, the Health Homes is an expanded version of that. So it's a team of all the providers who provide for you now, whether that's health services, physical health, behavioral health or your social worker or your home and community-based services, they'll work together as team to provide you the services that work best for you and care for, not only your physical health conditions, but your needs to remain in your home.

So those are a few of the great things that are coming with KanCare. And (Russell) is going to talk now about some of the things that aren't changing as well as some things that are with KanCare.

(Russell Nittler): OK. Thank you. My name is (Russell), and I work for (K-Tags). And the first thing that I want to talk about are some of the things that are not going to change with KanCare.

Your eligibility for Medicaid is not going to change. So what makes you eligible for Medicaid today or maybe what makes the person across the street from you ineligible for Medicaid is not changing. So the rules that we use to approve or deny people – the rules we use to approve or deny people will not change.

The application process is not changing. And so if you are currently filling out your application at your local department for children and families, formerly known as SRS, if that's where you're filling out your application in your review forms, those will remain the same process. We also have the ability to apply online now. And if you go to our KanCare Web site, you will find a link to that online application.

A little bit more about eligibility, if today you have a (spend down) or a client obligation, those amounts will not change in KanCare. So your spend down today, this year will be the same for next year.

Also, if you're in the working healthy program, that program is going to stay the same and any premiums you're paying for those services will remain the same, too. Another thing that's staying the same is the current services, so if you're getting a prescription or some type of procedure at your doctor, sort of on a regularly going basis, that will still be paid for in KanCare.

So anything your medical card pays for now, it should pay for in 2013. Your Medicaid I.D. number is not changing. So this Medicaid I.D. number is on your medical card and it's the number that your providers use to bill Medicaid. That will remain the same with KanCare, so they'll use the same number to bill for.

You eligibility review date and this is like once a year where you have to fill out forms to see if you still qualify for Medicaid, that will stay the same. And this is not to be confused with an eligibility review for the waiver which is sometimes based on your birthday. Both of those review processes will remain the same.

You will also still have the right to appeal decisions. So if you get denied Medicaid or KanCare, you will have the ability to appeal that denial, or if you get denied a service, you will be able to continue to appeal that.

One program that will stay the same is the Medikan program. The Medikan program is a state-funded medical card and it's sort of like what I like to think of, a medical card that lasts for 12 months for people who are trying to get on Social Security disability. The Medikan program will not be folded into the KanCare program.

One other program called the KanBE Healthy Children which is a program that sort of attaches itself to our current HealthWave program. It's a program where if you keep up to date on your children's doctor visits and shots, it makes your medical card more powerful. It will pay for more things such as glasses more often and that kind of thing. The KanBE Healthy program will stay the same and will continue in the KanCare program.

Now, sort of like what will change for everybody – the KanCare really is changing the way we deliver your benefits. So the state will still determine if you're eligible for Medicaid, but what's changing is the way we deliver those benefits to you.

We're going to hand that over to these three MCOs and they will be responsible for providing your Medicaid benefits to you. Everyone will get a new medical card. So currently, you probably have a white, plastic medical card that has (KDHC) or perhaps the old (KHPA) on it.

And in December, probably towards the end of December, you will get a new medical card from the MCO that you are enrolled with. After January, you will no longer use your white medical card and you can dispose of it, scrapbook it, whatever you'd like to do with it.

The name of your medical program will change. So currently, you might be getting a medical card through the HealthWave program. The HealthWave program's name is going to change to KanCare in January. You also might be getting a medical card from a program called HealthConnect.

HealthConnect will be becoming KanCare in January, too, or if you're just sort of on the traditional Kansas Medicaid program for the elderly and disabled, that will be known as KanCare also.

The HealthWave program, this will probably not be as big of a change for the people who are in that program because that program has quite successfully for the past 10 years already been in a managed care type of delivery apparatus. So currently, when people become eligible for HealthWave, they choose UniCare or Coventry to deliver those benefits, but in January, they will have to pick a new plan also.

Some other things that are changing is now not only will children get dental benefits through Medicaid, but also adults will get some preventive dental health care. All three plans will be providing – excuse me – all three plans will be providing cleaning, x-ray, and exam once a year.

Some plans might be providing two cleanings. And in this fall, probably the very first part of November, everybody who's on Kansas Medicaid is going to get this big packet in the mail and this packet is going to be full of information about the MCOs and the MCO that we have assigned you.

So the state is going to assign you into an MCO and we're going to tell you which MCO that is in the packet. We're going to do that sort of based on where you've been using your medical card in like the past six months. And we're going to try to assign you to a plan that your doctors have already signed up with.

That doesn't mean that you have to stay with that plan though. If you believe that one of the other two plans would be better for you, there will be a phone number in there that you can call and you can change your plan.

One of the things you're going to look for in that packet is a chart which talks about the value added benefits for Medicaid. And so, these are the things that these new MCOs are bringing to the table that are above and beyond the benefits that Kansas Medicaid pays for now and each plan might have different added value services.

So when you look through those charts, you might see that the other plan might have a value-added service that would be better for you and that might be one of the reasons that you would want to change plans.

If you call us in November or December, we will change your plan. So when this starts in January, you will be in the plan from the get-go that you want to be. If you call us in January to change, that change of your MCO will affect – be in effect February the 1st.

You will have to – up to at least February the 14th to call us in and change your plan. So if you choose like, say, February the 13th to call us, that change won't be in effect until March. Once we get beyond February, you're sort of going to remain in your MCO for the remainder of 2013.

You can still change your doctor, but your doctor will have to be in the MCO that you're in. Once again, at our Web site, there's also – that value added chart is on there. So if you would already like to see what some of those value-added services are, you can go to the Web site and look at that chart now.

And I think that – then, I think I'll hand it back over to (Kari Griffin).

(Kari Griffin): Thank you, (Russell).

In our – in our first sessions, we walked through some scenarios, so examples of different eligibility groups basically and how KanCare might impact them. In the interest of time and because we know we've got a lot of people – I understand we have a lot of people on the phone, I think we're going to go right to questions.

But before we do, I'm going to read over a handful of those frequently asked questions I mentioned earlier and this is – again, it's from a document that you can get on the KanCare Web site. If you click on the consumer section, there, you can get a whole list of frequently asked questions.

You can also go and look at previous questions and answers from our earlier rounds which are numbered in the hundreds basically from our earlier rounds of meetings. But these are the ones that we most commonly get and even after our presentations, we often get variations of these questions.

So I'll walk through a few of those right now. First of all – and this is kind of a summary – what will change for me?

Unless you are a person with an intellectual or developmental disability, all of the services covered through your medical card including in-home and nursing home services will be coordinated and paid for by one of the three KanCare health plans, also known as managed care organizations or MCOs.

Sometimes we'll call them MCOs and sometimes we'll refer to them as plans, but it's the same thing and those three are Amerigroup of Kansas, United Healthcare of the Midwest, and Sunflower State Health plan.

If you take some important medicine, can you still get that medicine? We get lots of questions about pharmacy. All the KanCare health plans include prescription medication. As long as your doctor prescribes that medicine, you can continue to take it. Your health plan may talk to your doctor about medicines that do the same thing, but maybe cheaper.

However, all of the plans are using the same list of covered drugs basically. And if the medicine is for a mental illness, there's a state law that requires that you can get that without restriction as long as it's prescribed by your doctor.

But can you still get mental health services? Yes. All the mental health services provided now for people who get Medicaid will be available in KanCare and that's also true for all the substance use disorder services provided now for people who get Medicaid. All of those will also be available in KanCare.

What's happening with HealthWave and UniCare and Coventry? Does anything change for you if you're a member of that?

(Russell) just went over that, but it bears repeating. Yes, you will be assigned to one of the three new KanCare health plans and then you'll have the option to choose if you want to stay with that plan or choose another one. The HealthWave name goes away. UniCare and Coventry will no longer manage any Kansas Medicaid services starting January 1st, 2013.

So when do I choose a KanCare health plan? (Russell) just walked through this, but it's worth repeating again, too. You will be assigned to one of those plans. You'll receive a letter telling you that in November. It's our current schedule.

You will also be given information about the other two health plans. I'll explain what you need to do if you want to choose one of those other plans. You will have from November, when you receive that documentation, until at least February 14th, as (Russell) said, to decide if you want to change plans.

You'll have complete information in the packet that you'll receive in the mail. We want you to read that carefully to see if the services you use are covered by the health plan. Now, remember that all of your currently covered Medicaid services will continue to be covered.

But we want you to look at some of those value-added services and see if there's something there that would be particularly useful to you or your love ones. You would want to also check to see if the doctors and other providers you go to now are in the provider list that were referred to in those packets.

We want you to also be able to contact the health plans. Their phone numbers will be in your packet as well. If you have questions about how they'll take care of your special healthcare needs for example. You can use all of the information to choose a health plan that works best for you and on top of that you can also call the KanCare number with questions. In KanCare, the state is not going to advise you on which plan to choose other than that initial

assignment but we can answer questions and get you information that you need.

Are all three KanCare health plans the same? So we talked a lot about how they have to cover all the current services and they have to all work to sign up all the providers. And that's true but they – so those extra services, those value-added services they provide will be different. They all also have to cover provider services statewide. Sometimes we get questions about whether these (MCOs) are just over certain regions, but no, all three (MCOs) have to be able to provide services to members in every corner of the state whether that's Southeast Kansas or the Kansas City area or Western Kansas.

What if you have Medicare and Medicaid? So if you are dually eligible, if you are in both programs you will use Medicare, continue to use Medicare for many of your healthcare needs and prescription drugs just as you did before. KanCare does not change the Medicare side of the equation for you but you will use KanCare for your Medicaid long-term service and support needs.

Will you be able to get dental services in KanCare? As noted, children already receive dental services and emergency dental services are also covered. That continues, but all three KanCare health plans also will provide those dental exams, cleanings, and x-rays (Russell) talked about for adult at least once a year.

Here is a question, "I am on a home and community-based services waiver, will my waiver services change?" If you are on the DD waiver, so the waiver for folks, individuals with intellectual or developmental disabilities the KanCare health plans will not manage those services until January of 2014 but all other (HCBS) waiver services will be managed by the KanCare you choose or are assigned to.

When your plan of care is due for your review there might be changes but the health plan care manager will make sure you get all the services that you need. Just a couple more and then we'll open up for questions.

"My mother is in a nursing home, will anything change for her under KanCare?" It should not change for her as long as the nursing home contracts

with the KanCare health plan that you mother chooses. The health plan as we said before must work hard to contract with all of the nursing homes.

"What if you self-direct your (HCBS) waiver services, will you be able to continue to do that?" And yes you will be able to do that and the KanCare health care plan can also help you do that. And I think there – I've read some probably about a third of all the frequently asked questions that are in that document, so if you've got any of the follow-up from those or any others you see or any others based on what we've said today or what we didn't say today we're happy to take those questions now.

Rebecca Ross: (Randie), if you can open the line for questions.

Operator: If you would like to ask a question it's star one on your telephone keypad. Again star one. We'll pause for just a moment to compile the Q and A roster. And are you ready for your first question?

Rebecca Ross: Yes.

Operator: OK, it comes from the line of (Jason Idell).

(Jason Idell): Yes, I am on Social Security disability through the federal government. And my medical, like my prescription drugs and stuff as I understand it would remain covered under KanCare but I'm only 28-years-old, I was born with a disability. What does this KanCare transition for me and others like me that were born with a disability but that's not considered a developmental or mental retardation disability?

(Russell Nittler): OK, thanks for your question. We'll start with your prescription drug type of question there. If currently you have Medicare part B or Medicare part D and Medicare part D is the new one that pays for your prescriptions that will remain the same in KanCare. If for some reason you are not eligible for part B or D then the KanCare card will cover your prescriptions but what we don't want you to do is get rid of your part D plan because if your part D plan is responsible for your prescriptions now it will be responsible for them in KanCare.

Sort of the eligibility overall will not change for people who are on disability. So if you are getting Medicare now that will stay the same, if the state is paying for some of your Medicare premiums through Medicare savings plans that are known as QM B or (LMB) in the state of Kansas those will remain the same. If all you're getting is Medicare (LMB) benefits you will not get enrolled in the KanCare program. If you are receiving (QMB) then, which sort of acts as a (Medigap) insurance you will be enrolled in the KanCare program.

(Jason Idell): How long will (inaudible)?

(Russell Nittler): OK, so then you will still get those sort of that (Medigap) sort of benefit and you will need to pick a plan when you get the packet in November.

(Jason Idell): OK, then I'll get it in November?

(Russell Nittler): Yes, and the state will still pay for your part B premium and give you coverage that acts as a (Medigap) insurance.

(Jason Idell): OK, thank you.

Operator: Your next question comes from the line of (Sandra Gaye).

(Sandra Gaye): Hello, I have two questions. The first one I want to make sure of the number for KanCare, could you give me that?

(Russell Nittler): It's 1-866-305-5147.

(Sandra Gaye): 305.

(Russell Nittler): 5147.

(Sandra Gaye): OK. Thank you. And then the question I have is I am a (inaudible) patient and I have Medicare and Medicaid and I was concerned. I go to a hospital on an outpatient basis every eight weeks and I received a Remicade IV and it's very expensive and I was worried about will I be able to continue receiving that?

(Russell Nittler): Yes, you would. If your medical card is paying for it now it will continue to pay for those services in 2013 under KanCare.

(Sandra Gaye): OK, because it is a very expensive IV. It keeps me alive as matter of fact. OK.

(Russell Nittler): Well that's good to hear, thank you.

(Sandra Gaye): Thank you.

Operator: Are you ready for the next question?

Rebecca Ross: Yes, thank you.

Operator: I'm sorry, that comes from the line of (Sheri Johnston).

(Sheri Johnston): Hello?

Operator: Yes, ma'am, your line is open.

(Sheri Johnston): Well, thank you. Hi, I'm (Sheri) and I have – I'm on disability with Medicare and Medicaid and I have a breathing disorder and a sleep disorder. I have machines that I use, the CPAP machine and also a nebulizer and Medicare doesn't pay for the full price of those monthly fees and the rest of it I have to pay. Will this KanCare will that pick up the remainder of the cost per month?

(Russell Nittler): (Sheri), thank you for your question and unfortunately the CPAP machine will still not be covered under KanCare, Medicaid today doesn't pay for that and that probably won't change in 2013.

(Sheri Johnston): OK, all right. Well thank you very much.

(Russell Nittler): Thank you.

Operator: Your next question comes from the line of (Sheeree Meldegraff).

(Sheeree Meldegraff): Yes my question is I have a personal care attendant, will he continue to get paid?

Rebecca Ross: Yes, he will.

(Sheeree Meldegraft): So he won't lose his job?

Rebecca Ross: No, he will not.

(Sheeree Meldegraft): OK, thank you.

Operator: And are you ready for your next question?

Rebecca Ross: Yes, thank you.

Operator: I'm sorry, it comes from the line of (Mary Harrington).

(Mary Harrington): Hello?

Rebecca Ross: Hello?

(Mary Harrington): I have just Medicaid and I am wondering. I have a lot of different diseases, and so, I see a lot of different doctors. I am afraid that all my doctors will not be under the same coverage that I get. How is that going to work?

Rebecca Ross: Well, as (Russell) explained we'll be sending you a letter that will tentatively assign you to a plan and we will make that assignment based on who is providing your healthcare to you and we'll look to see if all your doctors are in the network of all three (MCOs) and we will they will be.

We're requiring all the (MCOs) to contract with all of the current Medicaid providers.

(Mary Harrington): And I also get (Home Health) through (RCI) all right now?

Rebecca Ross: Right and they will contract with the (MCOs) as well. So all of the Medicaid providers that are available to you today we hope will continue to be available to you through all three plans...

(Mary Harrington): Because I have 13 different diseases and it's a little bit scary thinking that something might not be covered anymore.

Rebecca Ross: Well, everything will be covered and you're exactly the kind of person that we are expecting KanCare to help the most because you do have a lot of conditions.

(Mary Harrington): And only Medicaid, I don't have Medicare.

Rebecca Ross: Right, and so, you will most likely be assigned a care coordinator from your managed care plan as well and that person can help make sure that you get all the care that you need.

(Mary Harrington): OK, it's just a little bit frightening when it happens, you know, a little bit scary because it's difficult at best, you know, and then finding out that this is going to happen. So I'll just wait and see what happens and the packet is going to come with all the information we need, right?

Rebecca Ross: Right and you can – it will not have a printed provider directory so there will be information in the packet about to contact each plan and find out if all your providers are in the network. You will be able to call them. You will be able to go to their Web sites and look them up and you can also call that KanCare number and folks can help steer you where you need to go to get that information.

(Mary Harrington): OK, because I do see all my doctors all the time.

Female: Yes, I think on top on what Becky was saying certainly that's one of the reasons that we have a very high expectation of our plans to sign-up all of our current Medicaid providers.

If there is by chance, one of your providers that does not sign-up with all plans, you still would have – potentially, have the opportunity to still go to that provider as long as the provider is willing to accept the payment that MCO would offer them to, for that visit.

Female: OK.

Female: So you'll still have that choice, even if (inaudible) maybe the case, particularly in the early days of KanCare that may be what happens, but – and again, as

Becky said, that care coordinator from the Managed Care Organization will have the responsibility to get you to the services that you need.

Female: OK. OK. Thank you very much.

Operator: Your next question comes from the line of (Kelly Montgomery).

(Kelly Montgomery): Hello?

Rebecca Ross: Hi, (Kelly).

(Kelly Montgomery): Hi. I have a question, because you said that (inaudible) wasn't covered anymore and that's what I use with my Medicare to pay for my prescription drugs for bipolar disorder. So, would that still be carried on my Medicare that I get (inaudible) healthcare to pay for my – I have a prescription drug card that pays for my medicine, would that still work?

Female: Yes.

(Kelly Montgomery): (inaudible) are they going to still have that or not?

Female: That's confusing because Coventry provides a Medicare plan, that will continue. So what I – what we said about Coventry not offering Medicaid services, that's just for the HealthWave program, so it sounds like what you're getting is a Medicare plan from Coventry, that is not impacted by this. That continues.

(Kelly Montgomery): OK. That's (very interesting). OK. Thank you.

Female: Thanks for that clarification. There may be others on the phone that has the same question, so thanks for asking that.

Operator: Your next question comes from the line of (Vicky Errington).

(Vicky Errington): Hello. I think you probably answered my question. I'm in a QMB Program and also eligible for Medically Needy, so I will get a new card also. And nothing will change as far as I'm going on, on Medicare?

(Russell Nittler): That's correct. Your Medicare part of your health insurance will not change. And if you are currently qualified for QMB that will remain the same, but you will need to pick a plan when you get that packet in November or just make sure that you're OK with the plan that we have assigned you.

(Vicky Errington): And when you assign (inaudible). I have Stage IV cancer, so is that taken into consideration or are you just like in a pool where they just select randomly, the plan you're going to be in.

(Russell Nittler): No. What we do is we look at where you've been using your medical card, say, for like the past six months.

(Vicky Errington) : OK.

(Russell Nittler): And so, what we try to do is try to put you in a plan that is already contracted with providers that you're seeing.

(Vicky Errington): All right. Thank you very much.

(Russell Nittler): You're welcome (Vicky).

Operator: Your next question comes from the line of (Karen Brac).

(Karen Brac): Hello. I (have the home care) for the frail-elderly, and I was wondering, I have a unique situation where I need for the worker to take me to the doctor and be there with me. And I was wondering if – the way it is right now, they've taken that off and I was wondering if that will be restored and also I've been taking some of the time – they've also taken some of the time for shopping away and I was wondering if I will be able to get a little more time for that.

Female: OK. We're taking a minute to get somebody to the microphone who can answer that question for you.

(Karen Brac): OK.

Female: This is (Kelly?)

(Russell Nittler): (Karen).

(Liz): (Karen). Hi, (Karen). I'm (Liz).

(Karen Brac): Hi.

(Liz): So the limits and access standards around the services that you get under the (SE) waiver are not changing under KanCare, but when you get that packet we've talked about you'll see that the Managed Care Organizations are offering some additional services and some of those include some additional caregiver supports to take your places.

So it sounds like that might be something that would be particularly valuable to you, so look that over when the packet comes and call and ask questions about it.

(Karen Brac): I need the personal help because of the unique situation I'm in.

(Liz): I understand. And also, one – when you get your assignment, and you could even talk about this with your current targeted case manager, but the MCOs will have care managers and they have said clearly that they will talk with people about unique situations like that and figure out some ways to either get you additional help or refer you to community resources (inaudible) ...

(Karen Brac): Will that be – I'm sorry, didn't mean to interrupt.

(Liz): OK.

(Karen Brac): Will there be a little – right now, there's not enough time to do the errands and shopping I need to do and I was wondering if there'll be some provisions for that.

(Liz): Well, what I'm trying to say is your individual circumstances need to be discussed with your care manager. What we want is that the services you need to have to successfully get through the day are available to you.

I don't know you or your circumstances, but I encourage you to talk further with your targeted case manager and then when the KanCare program starts,

talk with your care manager. And there might be some other ways to get that need met.

(Karen Brac): OK. Thank you.

(Liz): Sure.

Operator: And are you ready for your next question?

Female: Yes.

Operator: Your next question comes from the line of (Gary Heist).

(Gary Heist): Hi.

Female: Hi, (Gary).

(Gary Heist): Hi. My mother is 97. She's in the nursing home. She's on Medicare and just went on Medicaid. She has a Medicaid – a Medicare Advantage Program Today's Options, (inaudible) besides the KanCare card – Medicare card, does that do anything with that or affect that at all?

(Russell Nittler): Now, I believe that if you – if you're mom has signed up for a Medicare Advantage Plan that she'll probably want to make sure that the plan that you choose works well with your Medicare Part C plan.

And so, you'll probably want to wait and see what plan your mom is going to get assigned to and most likely she's going to get assigned to a plan that has contracted with the nursing home that she is in. And so, Medicare – your Medicare Advantage Plan will pay her bills first and then the KanCare plan will look at the bills that are leftover.

But when you get that packet for her in the mail, I would encourage you to call that plan and ask them how it'll work with our Medicare Part C Plan.

(Gary Heist): OK. Medicaid does not pay for any of the (inaudible) results (inaudible) Medicare programs (Part C) of (inaudible) Plan F or Medicare Advantage?

(Russell Nittler): Your mom's Medicaid eligibility may help you in some of the copays for Medicare Part B or C, so you want to keep your KanCare program going because she might be getting copays or discounted services based on the fact that she is eligible for Medicaid.

(Gary Heist): OK.

(Russell Nittler): Thank you.

(Gary Heist): Thank you.

Operator: And your next question comes from the line of (Mark Benson).

(Mark Benson): Hi. I'm looking at your Web site right now. And under "Pharmacy benefits manager," I see each group has it's own specific pharmacy. Will beneficiaries be able to choose their pharmacies? Or do they have to go those specific ones?

Female: Absolutely, they could choose their pharmacies. The PBMs, the Pharmacy Benefit Managers are subcontractors that the plans work with to actually manage their pharmacy benefit. But you're not required, and they'll contract with – and again, we're – we have the expectation that they need to contract with all of the current Medicaid pharmacies, so that there will be – this (contracting) that is required, but the PBM – so one of them maybe – the CVS Caremark, for example, doesn't mean you have to go to CVS. That's just the – that's just the entity those MCOs use to contract with the local pharmacies.

(Mark Benson): OK. So you can still go to Walgreens or CVS or wherever then?

Female: That's our expectation, is if they sign-up with all those – if they currently are providing services to Medicaid and they will continue to do so.

(Mark Benson): OK. Thank you.

Operator: Your next question comes from the line of (Janice Hush).

Hello, (Janice). Your line is open.

(Janice Hush): (inaudible)?

Female: Yes. Go ahead (Janice).

(Janice Hush): OK. I'm sorry. OK. I have MS, arthritis, and a bunch of things, and Medicare and Medicaid has been paying everything, (and my home) healthcare people are telling me that they're going to be (on) anymore. And right now, they're paying for (meals – mom's meals) to be delivered and you know this machine (inaudible) I'll push the button. They pay for that. (And I was just wondering) (inaudible) am I still going to be able to get homecare (inaudible) (living care) and also (those two things are going to be covered)?

Female: OK. So you have a personal emergency response system, is that correct?

(Janice Hush): Yes. You know, you've seen it advertised on T.V. I can't get up.

Female: Right.

(Janice Hush): Yes. I've got one of those. And I have Mom's Meals delivers 13 meals to me every two weeks.

Female: OK. And do you know – are you on in a Home and Community-Based Services Waiver?

(Janice Hush): Yes, I'm on waiver.

Female: OK. Do you know which one it is?

(Janice Hush): All I know is I've got Medicare and Medicaid and Three Rivers has been my (independent living people).

Female: OK.

(Janice Hush): And (I tell you,) (inaudible) taken care of everything for me.

Female: OK. Well, all of those services will continue for you under KanCare. Whichever MCO you choose will cover those services for you. They'll make sure that (inaudible) ...

(Janice Hush): OK. (Inaudible) in two weeks, will that still be covered?

Female: Yes.

(Janice Hush): OK. There was another question, but I can't remember what it is. Oh, is there anybody that can help – someone go through all this paperwork and make sure that person understands? Because I am not that good with insurance papers.

Female: Yes. We understand that. Liz wants to talk to you for just a minute and ask you a question.

(Liz): And so, is it (Karen)? (Inaudible). Hi, (Janice). This is (Liz).

(Janice): Hi, (Liz).

(Liz): I am going to start and go backwards. You asked about can anyone help you look over those materials and make your choice.

Female: (Inaudible) to me.

(Liz): Right. So, there are going to be two options for you. The first is do you have a targeted case manager right now?

(Janice): I will go to SRS.

(Liz): No. Do you have a case manager through – did you say (three rivers)?

(Janice): Yes. A case worker, (Laurie).

(Liz): OK. So, (Laurie) ought to be helping you with that. And then, we're also going to have a company, an aging and disability resource center that can be available to help you. But information about where to call and what kind of help you can get will be included in that packet.

But in the meantime, did you say that someone told you you couldn't get a service anymore?

(Janice): No. I was just making sure I am getting everything.

(Liz): OK.

(Janice): Because around here, they don't know. There is always (inaudible).

(Liz): OK. Good deal. So, you got around everything you'll get now you'll continue to get. There is not going to be any change in what's available.

(Janice): (Inaudible) because right now I have no co-pay on everything on it, a medication or anything.

(Liz): Right on. No co-pay.

Rebecca Ross: And (Janice) this is Becky. We will be also coming out and doing some meetings with consumers in October just before you get your packet of materials. And we'll talk about what you are going to get and how you can make your decisions.

(Janice): I would love it if you could come to our house.

Rebecca Ross: Well, no. We don't have enough staff to do that. We'll have meetings and...

(Janice): That's it. You already had the meetings here and I can't make it because I can't sit that long. That's why I am doing it on the phone.

(Betsy): OK. We understand that. And so, I just want to emphasize (Liz's) point about your case manager, your case worker at the independent living center. You need to (inaudible).

(Janice): (Inaudible) they are closing down. They are going to the other places.

Female: And then, there will also be a phone number. There is also the KanCare number so you'll be able to call. Do you have a pen? Because we repeat, we had it earlier but it might be worth repeating this telephone number for folks.

(Janice): Is it 1866305-5147?

Female: That's the one.

(Janice): I got that paper you all mailed out to us.

Female: Good.

(Janice): It sounds like everything is going to be the same as where it is now just under a different company.

Female: All right. I think you got it right. Thank you very much.

(Janice): Thank you. You all have a good one.

Operator: Your next question comes from the line of (Brenda McFannon).

(Brenda McFannon): Hi. My first question is you said no co-pay for the doctors. Does that include the medications also?

Female: Are you receiving Medicare as well as Medicaid?

(Brenda McFannon): Yes.

Female: You may have some co-pays in Medicare but you won't have any in Medicaid. Do you know...

(Brenda McFannon): So does the pharmacy have to accept both?

(Russell Nittler): I think your pharmacy would just need to accept your Medicare Part D plan. If you are paying any co-pays, that might stay the same with Medicare part D. But if you are not in Medicare part D and KanCare is paying for your prescriptions, you won't have a co-pay there. But it could be the...

(Brenda McFannon): So, A and B?

(Russell Nittler): Yes.

Female: (Inaudible).

(Russell Nittler): Do they?

Female: Yes. (Inaudible).

(Brenda McFannon): I'm sorry.

Female: We are getting some additional information.

(Brenda McFannon): OK.

(Russell Nittler): It sounds like the plans might be picking up your part D co-pay. So it sounds like if you have KanCare 2013 you will not have a co-pay at the pharmacy.

(Brenda McFannon): OK.

Female: When you get your package, you want to look at that because some of the new managed care organizations under KanCare are offering that as a value-added service. So, if that's important to you, look at that and call and ask details about it, OK?

(Brenda McFannon): You said it was a value-added service.

Female: Right.

(Brenda McFannon): OK. Another question. You said MCO was selecting the right package for each person from the doctors that they had within the last six months. And there are two specialists that I go to only twice or like once a year. One is Kansas specialist and one is the sleep apnea doctor.

So, do you think they will include them in my list?

Female: Well, we'll look back six months. If we paid claims for them in the last six months, they will be on the list. But when you get the packet of information, you need to call the plan or go in their Web site and see if that is a specialist or in their network.

Female: And that if you also have Medicare, if that is a specialist that you are seeing that is covered by Medicare, they wouldn't have to be in the Medicaid network. But for those things that Medicaid pays for, that's what will run through our system to make sure that those providers are in the plan we choose for you.

(Brenda McFannon): These two I have they accept Medicare and Medicaid. \

Female: OK. Good.

(Brenda McFannon): The other question is you mentioned something about future for a healthcare home for the mentally ill.

Female: Health home.

(Brenda McFannon): Health home. Is that kind of going to be like a nursing home staffed with...

Female: No. No. It's not a place or a building. It's really where if someone had a mental illness – a serious mental illness – they could have one of their providers serve as the health home. And then, that provider would responsible for coordinating all the other care with other providers that they see and making sure that they communicate information across all of the providers and do everything they can to make sure that that person gets the best possible care and stays out of the hospital, takes their medications and does the things that they need to do to stay as healthy as possible.

(Brenda McFannon): Well, like my case worker does now?

Female: No.

(Brenda McFannon): I have a case worker for mental health. Will I have to give that person up and have a different one? Will I have a different one from KanCare?

Female: No. You will continue to have your case manager through the mental health center. And you will also have a care coordinator or a care manager from the MCO and they will work with your case manager at the mental health center.

And it could very well be that the mental health center would serve as a health home.

(Brenda McFannon): I understand. OK. Someone had mentioned earlier about the CPAP machine. I know there are a lot of people on CPAP or BiPAP. I'm on a BiPAP. I was in a nursing home, a (mentally) nursing home six months. And

they were – my machine was already paid for by Medicare but they were responsible for maintaining it.

It was broke when I checked out. They didn't fix it right and I was charged about \$200 to get it fixed because that's my responsibility now to pay for the maintenance on it. Is there going to be any kind of a program that can help with people on CPAP or BiPAP machines for repairs and...

Female: (Brenda)?

(Brenda): Yes.

Female: Are you (Brenda)? OK. So, what I'm going to encourage you to do is once you've decided on which plan you want to use and you have a need like that arise, call your care manager and talk through it with him as the managed care organization because what they've said to members is even though if something is not specifically covered, if it's the things that can help you stay out of the hospital or keep from having to get more intensive services, they want to know about it so they can help you get that need met. So that they will have some flexibility about that and they'll want to talk with you.

(Brenda): OK.

Female: And are you ready for your next question?

(Russell Nittler): I would just want to add one thing before that and that (Liz) has a really good point and we've addressed that (inaudible) (couple called). As one of the advantages that we see with working with managed care organizations, the state by and large in the Medicaid program has to have (pretty) constant rules and would pay for certain things basically based on your eligibility category. And we don't have as much discretion as these plans are allowed to have.

And they have the incentive to make sure that you people just stay in your home as long as you want to stay in your home, stay healthy and stay out of those nursing facilities if you're not ready to be in one and stay out of the hospital when you don't need to be there.

So they have incentive to work that way. There are no guarantees that everything that you might want them to pay for that they necessarily will. But they're going to have a lot more discretion than the state has and to find sort of one size-fits-all (inaudible) as we do now. So (inaudible) questions (inaudible).

Female: We're ready for the next question.

Operator: And that comes from the line of (Eva Specky).

(Eva Specky): Did you say that working healthy will still have copays?

(Russell Nittler): That's correct. If you have a copay (was there) a premium that they call them with working healthy today that will probably most likely be the situation in 2013 with KanCare.

(Eva Specky): OK. Thank you.

(Russell Nittler): You're welcome.

Operator: Your next question comes from the line of (Nelda Fort).

Hello, (Nelda), your line is open.

(Nelda Fort): Hello.

Female: Hi, (Nelda).

(Nelda Fort): Are we still going to have the head injury waivers?

Female: Yes, we sure will all the waivers today will continue.

(Nelda Fort): The head injury waiver will continue?

Female: Yes, ma'am. It will continue.

(Nelda Fort): OK.

Operator: Next question comes from the line of (Margo Apostol).

(Margo Apostol): Hi. I have actually a lot of questions that I'm sure that when the packet comes out a lot of that will be answered. My daughter – and I speak in behalf of my daughter – currently takes three seizure meds one of them is not covered by her Medicaid. She has a Medicaid card.

Will there be an expansion of the list of meds that are accepted and paid for?

Female: What drug – what drug does she take that isn't covered by Medicaid?

(Margo Apostol): Lyrica. Medicaid is her secondary payer. But even with that it's, you know, it's quite an expensive med.

(Russell Nittler): And are you paying out of the pocket for the full amount?

(Margo Apostol): No. It is – Medicaid is her secondary payer so we have – she has coverage through us. She's – but she is not getting covered by Medicaid for Lyrica and that's even with the first payer it's very expensive.

(Kay): Hi. My name is (Kay). I'm a (inaudible).

Female: Hi.

(Kay): Lyrica is a drug that we cover. I know we have some limitations on what it can be used for. But that's something that we would need to check on now if you're not able to get it whether that's something that is going wrong at your pharmacy. But Lyrica is covered so that makes me think something is going wrong now.

(Margo Apostol): Oh, that's very interesting because we have paid out of pocket hundreds of dollars for this. I know that it's used for other indications besides epilepsy but...

(Kay): Yes. Yes and it will continue to be covered in KanCare. So can I give you my e-mail address and you can send me more details (inaudible).

(Margo Apostol): Yes. That would be great.

(Kay): OK. It's kaymelton – M-E-L-T-O-N@kdhe...

(Margo Apostol): KDHE.

(Kay): KS.

(Margo Apostol): Dot KS?

(Kay): No. No dot.

(Margo Apostol): OK. KS.

(Kay): Dot gov.

(Margo Apostol): Dot gov. OK. Thank you very much. And I guess another quick question because we're out in Western Kansas and she has a very specialized epileptologist that we go to now in Kansas City. Will the method of applying for a non-emergency transportation change, do you know?

Female: Each of the plans will be responsible for transportation and they'll have different subcontractors for that. So, when you get the packet, there will be information about that. And you can call the plan and they will work with you on how to do that.

And it sounds like your daughter would be assigned a care manager or care coordinator and that's the person you need to talk to right away once you get that information.

(Margo Apostol): OK.

Female: They can understand her situation and help you get all the transportation that you need.

(Margo Apostol): OK. And so that window is about two months to check all that out in order to have it all up and running by January 1, right?

Female: Right. You'll have at least 45 days.

(Margo Apostol): OK. All right. Thank you.

(Kay): Ma'am?

(Margo Apostol): Yes?

(Kay): I have one more question. Is she in a (HealthWave) plan right now?

(Margo Apostol): Well, I don't – I don't believe so. I'm staring at her card. She's 21. I don't know, to be honest with you.

(Kay): OK. All right.

(Margo Apostol): She might be.

(Russell Nittler): Is your card a white plastic card?

(Margo Apostol): White. And it says State of Kansas medical and it's KHPA.

(Russell Nittler): Yes. So that's just your traditional Kansas (inaudible) card.

(Margo Apostol): Right.

(Russell Nittler): It doesn't sound like she's in the (HealthWave) program.

(Margo Apostol): Yes. I honestly – I'm embarrassed to say I don't know.

(Russell Nittler): That's OK. There are a lot of questions out there (inaudible) sometimes.

(Margo Apostol): OK. OK. Well, I will e-mail you, (Kay), correct?

(Kay): Yes.

(Margo Apostol): OK. Thank you. Bye-bye.

Operator: Your next question comes from the line of (Kimberly Fold).

(Kimberly Fold): Hello.

Female: Hi, (Kimberly).

(Kimberly Fold): Hey. How does this affect foster care kids, you know? They come in to care and they get – and they get the medical card and then, you know, we have to, have a hard time finding them a provider.

But then if they are from a different region and already find a MCO and that's not – we don't have doctors here or they have to switch doctors. I mean how does all of that affect foster care?

Rebecca Ross: OK, first of all these three plans are state wide. So they are not tied to regions anymore like in the HealthWave program. So if you get a foster care child who was with someone else when they chose a plan and let's say they chose Amerigroup, then Amerigroup covers the entire state.

Now, doctors obviously don't. So, you know, you would want to check and make sure that all the doctors that the foster care child needed were in the network of Amerigroup out wherever you are. But as (Kari) has stressed, we are requiring the MCO's to sign up with – or to contract with all providers and they're working very hard to get them all signed up.

So our policy is that the foster care child will – their family or whoever is the responsible party would choose for that child the plan and then they would stay in that plan unless there were some cause for them to choose another plan.

So if they needed a specialist and that type of specialist wasn't available with one of the plans or, you know, something unique like that, then they could switch plans.

(Kimberly Fold): OK. And then – so if the child is adopted out of foster care and then has Medicaid or KanCare as a secondary, there's not much changes either as it is right now?

Rebecca Ross: No.

(Kimberly Fold): And how do we – I mean, are we going to get packets for the children that we have in our care now so we can select those for them?

Rebecca Ross: Yes. If you're the foster family and we have your address in our system, you will get that packet.

(Kimberly Fold): OK. And you said that was in November?

Rebecca Ross: Yes.

(Kimberly Fold): OK, thank you very much.

Operator: Your next question comes from the line of (Charles Norris).

(Charles Norris): Thank you. I was wondering about the spend down, will that remain the same, you know, for a six-month period or will that change?

(Russell Nittler): (Charles), that is correct. You're spend down will still work the same as it does now. So every six months, you will be assigned a new spend down and you'll have to meet that before your KanCare benefits kick in.

You will be assigned a MCO even before you meet your spend down. So you might start getting information from your MCO before you actually meet your spend down, but that's OK.

(Charles Norris): OK. And also you said something earlier about getting eyeglasses more often than four years?

(Russell Nittler): Currently Medicaid pays for glasses once every four years.

(Charles Norris): Right.

(Russell Nittler): But with the added value services with one of the plans has to do with vision services. So you might want to look over that chart in your enrollment packet to see if that plan would be more advantageous to you based on vision care.

(Charles Norris): OK. But you said that a plan would be chosen for you by the service that I have now?

(Russell Nittler): Correct, but you can always change it if you – if you want to.

(Charles Norris): OK.

Rebecca Ross: And (Charles), related to what (Russell) said about the MCO or the health plan would be contacting you even if you haven't met your spend down.

(Charles Norris): Uh-huh.

Rebecca Ross: They will be responsible for coordinating your care even during the period when you're trying to meet your spend down.

(Charles Norris): OK, all right. As far as services go for maybe the spend down and everything, do you have any specific information about that or...?

Rebecca Ross: The same – the same kinds of ways that you meet your spend down today, you will continue to do under KanCare. So if you – if you pay a doctor bill or you go see a provider and you incur a bill, you need to just turn that into the worker. No?

(Russell Nittler): No. It's sort of like, you know, how you get that white plastic medical card now even though you haven't met your spend down?

(Charles Norris): Right.

(Russell Nittler): You'll take this new KanCare medical card and you'll take it to your providers. They will bill Medicaid and then it will automatically deduct that amount. Even though it won't pay the provider, it will automatically deduct that from your spend down so you don't have to send in those bills.

(Charles Norris): OK. Is transportation, can that be used as for your spend down, I mean, for medical transportation?

Rebecca Ross: Yes.

(Charles Norris): I've submitted – I've submitted documents, you know, because I have to use a lift during the (inaudible) and I've submitted information on that, you know, and so far it hasn't been accepted or denied. I don't know what's going on with it.

(Russell Nittler): You'd probably need to contact your local DCF, Department for Children and Family Services previously known as SRS, (inaudible) them about that.

(Charles Norris): Right.

(Russell Nittler): They would probably need to have some type of clear indication that this transportation was tied to a medical appointment. And so that might be what the hold up is.

(Charles Norris): OK.

(Russell Nittler): Thank you.

(Charles Norris): All right. Thanks, guys.

Operator: Your next question comes from the line of (Clarence Spencer).

Rebecca Ross: Hi, (Clarence).

Operator: I'm sorry, (Charlene Spencer).

(Charlene Spencer): OK, all right, I'm on the line. And I'm calling in behalf of my son that we take care of.

Rebecca Ross: OK.

(Charlene Spencer): I think the one part of the question that I had about doctors and who was in the plans you said that would be in information in the packet when we called.

Rebecca Ross: Right.

(Charlene Spencer): Would that also include or would we have to call like for eye doctors that are in the group or the dentist that are in the group?

Rebecca Ross: Right. All of that information will be – the plans can have that information for you and you can get it in a number of ways. You can call the plan and ask. You can look up on their Web site and they have easy ways to put in your zip code and then you can see what doctors are available, what dentists, what vision doctors are available.

Or you can call the plan and actually request a printed copy of their provider directory that will have all that information in it.

(Charlene Spencer): Very good. Then my next question is since my husband and I take care of my son, my husband is going to be retiring, there is a very, very strong likelihood we're going to be moving out of the state because we're here because of his job. Now what happens?

Rebecca Ross: Well, Medicaid is a program that's managed uniquely in each state. So if you move out of state you would need to apply for Medicaid in that state.

(Charlene Spencer): OK.

Rebecca Ross: And the services would be similar, but it's not going to be identical.

(Charlene Spencer): OK. Now how long would this take effect? Like say if we would know in advance that we were moving April 1st. As of March 31st, everything with KanCare, with three companies are for Kansas, we can no longer use those in another state?

(Russell Nittler): Probably how you'd like to play this is like this, once you move, then call your worker and tell them that you moved. They'll close you at the end of that following month.

(Charlene Spencer): OK.

(Russell Nittler): And then in the new state once you get there, I would apply there and if your Medicaid eligibility in the two states overlaps by a month or two months just because that's the way it played out, that's not a problem.

It's only a problem if you have ongoing Medicaid eligibility in two months, but if you have coverage in both states for just a couple of months just to transition the move, that won't be a problem.

So I wouldn't really call in and cancel your son's Medicaid program until you've actually moved.

(Charlene Spencer): OK, all right. Thank you.

Operator: Your next question comes from the line of (Mary Kathleen Williams).

(Mary Kathleen Williams): Yes.

Rebecca Ross: Hello?

(Mary Kathleen Williams): Yes. I know that I'm going to get a list of the doctors and everything in the new packet, but I live in Johnson County and a lot of specialists or even internists are – they don't even accept Medicaid.

Are any new doctors going to join in this?

Rebecca Ross: Well, that's one of the things that we hope will happen with these plans. They're national plans and they're very good at getting doctors into their network. Some of them actually have products that are health insurance plans that are not Medicaid, they're commercial plans and so they have – they have doctors and specialists in those plans.

So we hope that they will actually increase the number of doctors and specialists that will agree to take Medicaid.

(Mary Kathleen Williams): OK. So that will be in the plan – I mean the new doctors will be in the plan then?

Rebecca Ross: Yes. If they sign up new folks, they will be in their provider directory.

(Mary Kathleen Williams): Oh great. OK, thank you so much.

Rebecca Ross: You're welcome.

Operator: Your next question comes from the line of (Daryl Youngers).

(Daryl Youngers): Hello?

Rebecca Ross: Hello.

(Daryl Youngers): This is (Daryl Youngers).

Female: Yes.

(Daryl Youngers): I have a couple of questions here.

Female: OK.

(Daryl Youngers): First of all, would this KanCare cover like hospital stays, like surgery? And also the second question, would it cover – the dental plan, would it cover tooth extractions?

Rebecca Ross: KanCare will cover everything that Medicaid covers now and that includes hospital stays. We currently cover tooth extractions in adults and that will continue as well.

(Daryl Youngers): OK. Well I was – I was wanting to know those questions and I can't wait to get the packet. And it looks – it will mention like all the physicians, right?

Rebecca Ross: Well, they won't be mailing that out. You'll have to – if you want to – if you want a printed packet, you'll have to call the plan and ask for that or you can call the plan and say, you know, "These are doctors I see, are they in your network?"

(Daryl Youngers): And you said the packets will be out in November, right?

Female: Yes.

(Daryl Youngers): OK. Well that's all I have to ask. Thank you very, very much.

Female: Thank you.

(Daryl Youngers): Bye-bye.

Female: Bye.

Operator: Your next question comes from the line of (Becky Mullen).

(Becky Mullen): Hi, yes. My question is in regards to the teleconference today, will it be archived so that others can join in and listen in on a later date?

Female: Yes, it will. We will actually have a transcript available. And then the recording will be available for about 30 days. But the transcript will be everything that – that's been said here today.

(Becky Mullen): OK. And in regards to cancer patients, do we have to ask for a care coordinator within our MCO?

Female: Typically they're going to – they're going to assign a care coordinator to anybody that has a serious health condition or complex needs. So in all likelihood, they would want to assign a care coordinator.

(Becky Mullen): OK. And lastly, does the new card indicate the plan in which they are enrolled in?

Female: Yes, it will. It will – it will have the KanCare logo, but it will also say Amerigroup, United or Sunflower.

(Becky Mullen): Wonderful. Thank you so much for your communication.

Female: You're welcome.

Operator: Your next question comes from the line of (Nancy McKendu).

(Nancy McKendu): Hi.

Female: Hi, (Nancy).

(Nancy McKendu): I can't believe you finally got to me. I have a couple of questions, the major part of it on the QMB. I'm on visibility and I've gotten Medicare and then I qualified for the QMB help. However, my question is, is when I was assigned this about a year or two ago nobody bothered to explain to me about the QMB. I didn't even know about it for a year.

Is there going to be something in this packet that we're going to get that will explain to us what services are covered by QMB and who we need to go through to arrange for these services because I don't even know what they cover?

(Russell Nittler): Well I'm sorry to hear that they sort of dropped the ball on getting that information to you. What SRS should have done is they should have mailed to you out of a letter that said, "Congratulations, you've been approved for QMB," and then there was probably, hopefully some information in there.

But basically...

(Nancy McKendu): I think...

(Russell Nittler): Go ahead, (Nancy).

(Nancy McKendu): No, it's just that, even if they didn't do that and when I called and talked to my case worker or whoever you want to call her, she either wasn't there and didn't call me back or when I did get to talk to her she didn't know the answers and told me to call Medicare.

(Russell Nittler): Yes. So this is how I would do it. I would sort of let your Medicare benefits lead the way and then just use your QMB to pay that Medigap because, you know, your Medicare pays for 80 percent of your hospital and doctor visits and that QMB picks up that other 20 percent.

So I would try not to make your QMB be the front seat driver there, but let your Medicare do that and then just use your QMB as a backup.

(Nancy McKendu): Well yes, I understand that's the way it works. But my question is that the stuff that's left over after Medicare takes care of it, how do I know what QMB will cover and what it won't cover.

For example, I got a (inaudible). I had been told that QMB – and it was Medicare covered. It was Medicare approved. Medicare took care of their part. And I was told that the QMB would take care of co pays and stuff like that.

Well, now they're trying to tell me that Medicaid doesn't cover (inaudible) and so they wouldn't pay for it. And I see what you guys were saying, that's what I'm wanting a list. What will they cover and what don't they cover?

(Russell Nittler): Yes. And that list could be pretty lengthy if we actually printed it out because there are so many services that, you know, Medicaid and QMB pay for. But you do have a Kmap customer service number whereas if you got into that situation again, you can call that Kmap customer service line and ask them, "Will the QMB card pay for this service before it happens?"

But most likely you'd want to do that when you know what service you're going to have because then they could look up that service to see if it's covered.

Female: And in KanCare – so when you move to the – into transition to KanCare you can call your KanCare plans to get that information about what they're going to cover.

(Nancy McKendu): OK.

Female: So you'll be – you can get that directly from the plan you end up selecting as well.

(Nancy McKendu): Oh, OK. Now, who is this Kmap? Who is Kmap?

(Russell Nittler): It's a 1-800 number for the people who currently do the billing for Medicaid. And so...

(Nancy McKendu): I suppose (inaudible) has that number, do they?

(Russell Nittler): It should be on the back of your medical card, your white medical card?

(Nancy McKendu): Oh, OK, all right. I will look at that.

(Russell Nittler): It should be like 1-800-766 and I don't think I can remember the last four digits.

(Nancy McKendu): That's OK. That's OK. You're doing good remembering what you did. OK. The other thing that I want – that I want to know is how does – how is KanCare truly going to improve our budget? I mean I know that managed care theoretically is supposed to cut down on hospitalizations, emergency room visits and things like that.

I don't see that happening in – on a level that is going to justify all the changes that we're going through. I might be wrong. I might be surprised, but I just don't see that happening.

Is that the only way this KanCare is supposed to be helpful? I mean is that in a nutshell?

Female: Well, I hope not. I hope what we've been talking about on answering some of these questions and conference call too will illustrate it some of the other ways. Do we think KanCare is going to be helpful? We do think it's going to provide – it's got a flexibility of providing services that are really focused on the individual needs of the Medicaid consumers.

And as an outcome of that, you're right. We do think there are savings from that. We think there are savings from that in reducing the long term acuity levels so that means whether they're hospital – repeat hospitalizations or the need for institutional care and just improving quality of life overall.

But part of it is the fact that we're working with these plans and have demonstrated success in other states and it's similar but it's definitely not exactly the same kind of programs as we have in Kansas.

And part of our payment structure we have to these plans pays them in a way that actually is based on us assuming that they're going to make those care coordination changes that will save those money – save that money. And their (businesses) were based on that as well.

(Nancy McKendu): OK.

Female: So we're paying them per member a month amount that's based on those kind of assumptions. And if they don't hit it, that's a loss for them. But they also – we're also built into that contract that's why we had to build in these protections to make sure that they won't reduce services and they can't pay providers less the providers are currently paid in fee for service.

And they don't have any say over eligibility. That's being done by the state and we're not restricting eligibility either. So the only way – you're exactly right, the only way they're going to hit those savings is to really coordinate care better and get better outcomes for everybody.

And that is – that is the big assumption of KanCare.

(Nancy McKendu): Right. Well I can see that. And that's great if that's the way it ends up working. I think it's wonderful. But I just hope that it works that way. I'm not usually a pessimist, but I've worked in the medical field long enough to know that it doesn't always work the way it's supposed to.

Rebecca Ross: (Nancy), this is Becky. And just to – just to follow up on what (Kari) said, you know, there is now way the state could ever hire enough care coordinators to do what these managed care organizations are going to be able to do.

So, you know, if somebody goes into the hospital, their care coordinator is going to be there before they come out. They're going to be talking with the doctors and developing a discharge plan to make sure that that person gets all their follow-up appointments, gets the medications that they were prescribed and does what they need to do so that they don't have to go back in the hospital.

That's just one example. And each of these plans is going to hire a number of people in Kansas to service care coordinators for folks.

So we truly do believe that they're going to bring a lot of value to this program and that that's where we're going to save the money.

(Nancy McKendu): Well that's great. And I'm all for it if that's – if that's going to work. That's great. I mean I just – I just think also that they went about this change the wrong way. I think they tried to put the cart before the horse and tried to get through some of these changes out there before they had everything in place I think because like my SRS worker is no longer available to me.

Right now, I don't have a clue who I should call about anything other than Medicare, but if Medicare has already given me their part of the answer and I still have something left over, who am I supposed to call?

DCF, they don't have anybody. I mean it's like – I'm in limbo.

Rebecca Ross: We want you to be able to call us. We want you to call us so that's that KanCare number can help you get those answers to some of those questions. And they can – and while those are focused around KanCare, they can also get you directed to maybe some more of those general questions that you have or more specific to you that questions you have about your current Medicaid as well.

We want to be able to provide those answers to you.

(Nancy McKendu): OK.

Rebecca Ross: And, you know, going back to what Becky was saying and I'm kind of repeating too, you know, the – it's not just a hope for us. So it is the focus of what KanCare is. It's what it's build upon.

You know, the saving target didn't drive reforms. The reforms, we did and then we estimated what the savings were going to be as a result. So we hope it works, but we mainly hope it works in delivering care better for folks and we think that's how the savings are going to come.

(Nancy McKendu): Right.

Female: And that's going to be our first major is better outcomes not just (inaudible).

(Nancy McKendu): OK. Is there – is there going to be any kind of fiscal report at the end of the year or whatever to show us the improvements or just, you know, in the budget (inaudible)?

Rebecca Ross: Yes, absolutely. Certainly both our legislators and we know the public in general is very interested in the outcomes of KanCare and that's both from the health care outcomes and then – and then fiscally as well.

So we know that's going to be a very transparent process from the state's point of view.

(Nancy McKendu): OK. So then once we start saving some money, then maybe they could get – the legislature can go back in and feel comfortable in changing some of our benefits like for example the spend down that you were talking about earlier?

Using \$495 a month income limit for a spend down, that's ridiculous. There's nobody that can live on \$495. Anybody who's on disability is going to be getting more than that.

I have a spend down before my Medicare kicks in, I have a spend down that there was no way unless I had a catastrophic event that was going to take care of my spend down. So Medicaid all it did was it keep me out of being able to stay with the (Mary Ann) Clinic because it was insurance, it didn't pay for a thing. I had to pay for everything out of pocket and, you know, it just wasn't – it just wasn't right.

Female: (Nancy)...

(Nancy McKendu): So if it was saving money – I'm sorry, what?

Rebecca Ross: Well I was just going to say because I know we're coming up on the end of our – of the allotted time we've got.

(Nancy McKendu): Oh, I'm sorry.

Rebecca Ross: No, but that's OK because your point I think is going to sort of wrap up on I think where you're going at which is KanCare is not going to be magic bullet that solves all issues in the Medicaid, but by doing what we currently do now, but doing it better, it will allow to make those kind of policy decisions and allow some flexibility for it whether it's a legislature or the programs, the agencies themselves to make those kinds of decisions in the future.

So it doesn't solve everything all at once. But we do think it's a good first step to help control the cost growth overall in Medicaid and then allow us to make those kind of resource decisions in the future.

(Nancy McKendu): OK.

Rebecca Ross: All right, thank you.

(Nancy McKendu): Well that's good.

Rebecca Ross: OK, we've reached the end of our call time here. So, we need to – we need to end the call. But just to remind you all, there will be a transcript available in a few days on the Web site. And you'll be able to read everything that everybody said, all the questions and answers.

And there were be an event encore that will make available to you also. And thank you all for participating on the call.

Operator: Ladies and gentlemen, thank you for your participation. This does conclude today's conference. You may now disconnect.

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